DISCLOSURE SUMMARY	Y PAGE	DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of	Organization)	(Rev. 12/2005)	REPORT
True to the state of the state	ndidate (2)State PAC (3)State Party City Cendidate (7)School Board or Other	For Office Use O Comm. # Logged In Scanned Computer Audited	
Candidate Name Loughas RBass  Office Sought Shail	Political Party (if applicable)  DemoCutur  District (if Senate or House)	File with: lowa Ethlos and Disclosure Boa 510 E. 12 <sup>th</sup> , Ste Des Moines, lor Fax: 515-281-3	rd . 1A wa 50319
Late reports are subject to possible civil and criminal penal the candidate, for a candidate's committee, and the chairpe individual responsible for filing timely and accurate reports	erson, for any other type of committee, is the		19.12.

REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR.
Indicate by #

Local Committees, enter Date of Election

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  (You must continue to file reports until a DR-3 is filed.)	County & Li which Elect	
STATEMENT OF CASH ON HAND	- I Solice	
CASH ON HAND at the beginning of the reporting period, (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	379.05.
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	********	25.00
Schedule F; Loans Received total (Attach Schedule F)	*********	Ø
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0
(Schedule H applies to Candidates' Committees Only)		2
SUB-TOTAL	\$	404 05
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		101,00.
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		404.05
Schedule F; Loan Repayments total (Attach Schedule F)		Q
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	$\mathcal{D}$
™UNPAID BILLS (From Schedule D - Attach Schedule D)		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)		
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		
CONSULTANT BREAKDOWN (Schedule G Attached?)	170.000	YES NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year		

SIGNATURE OF PERSON FILING REPORT

CHECK IF AMENDMENT TO REPORT DATED

12-19-12

## For Instructions, See Back of Form

A MONETARY CONTRIBUTIONS -- MONEY TAKEN IN (Rev. 07/03) RECEIPTS (Including candidate's personal funds) CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM Elect

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.3ZA(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
09.36.12.	CK# 2032	Paul & Schechunger 380 Timber Creek Dr. Carroll, Da 51401.		\$ 25/00	
1.50	CK#				
10	ID#				
	CK#				
	ID# CK#			St.	
	ID# CK#				
*	ID# CK#				
	ID# CK#				
	ID#				
	ID# CK#				
		TOTAL (if last pag	e of this schedule)	\$ 25°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°	

marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page\_ of (for Schedule A)

SCHEDULE

FOR INSTRUCTIONS, SEE BACK (	)F	FORM
------------------------------	----	------

	41-01	27.00	1001000	4
₽.	eset	R	win	4
4	COUL	*	n	94

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	K THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

ADDRESS OF THE PARTY OF THE PAR	CANDIDATE	NAME AND ADDRESS TO WHOM	PURPOSE	_
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#17090 CK#	Horald Publishing. 508 n. Court. Careall, Dc. 51401.	Thank You, notices.	\$ 21/00
	ID#17090. CK#	Coreal, Dc. 51401. Et Anthony Hospital. Corrall, Dc. 51401	Closing Comparign account	•
	ID#	3170	cosaid rambards areaust	000, US
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 11 - 11 -

TOTAL (if last page of this schedule)

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A 402(3)(1).)

Page	of
------	----

(for Schedule B)